



**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 03500.017889.

First Named Inventor or Application Identifier

YOSHIKATSU OKADA

Express Mail Label No.

22278 U.S.P.T.O.  
10/77/058

020404

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

**ADDRESS TO:**

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Fee Transmittal Form<br>(Submit an original, and a duplicate for fee processing)  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)            |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.   | 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary) |
| 3. <input checked="" type="checkbox"/> Specification Total Pages 74   | a. <input type="checkbox"/> Computer Readable Form (CRF)   |
| 4. <input type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets _____  | b. Specification Sequence Listing on:  |
| 5. <input type="checkbox"/> Oath or Declaration Total Pages _____   | i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or  |
| a. <input type="checkbox"/> Newly executed (original or copy)   | ii. <input type="checkbox"/> paper   |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 17 completed)   | c. <input type="checkbox"/> Statements verifying identity of above copies                                      |
| i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). |  |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76  |  |

**ACCOMPANYING APPLICATION PARTS**

- |   |   |  |
|---|---|--|
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))                               | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement<br>(when there is an assignee)                            | <input type="checkbox"/> Power of Attorney       |
| 11. <input type="checkbox"/> English Translation Document (if applicable)                               | 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449                                    | <input type="checkbox"/> Copies of IDS Citations |
| 13. <input type="checkbox"/> Preliminary Amendment  | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized) |  |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed) | 16. <input checked="" type="checkbox"/> Other: <u>Sequence Listing</u>  |  |

## 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Prior application information:  Continuation  Divisional  Continuation-in-part (CIP) of prior application No. \_\_\_\_\_ / \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)		or <input type="checkbox"/> Correspondence address below
NAME			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

+

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	14-20 =	0	X \$ 18.00 =	\$0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	2-3 =	0	X \$ 86.00 =	\$0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$290.00 =	\$0.00
				BASIC FEE (37 CFR 1.16(a))	\$770.00
				Total of above Calculations =	\$770.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
				TOTAL =	\$770.00

## 19. Small entity status

- a.  A small entity statement is enclosed
- b.  A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c.  Is no longer claimed.

20.  A check in the amount of \$ 770.00 to cover the filing fee is enclosed.21.  A check in the amount of \$ 40.00 to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a.  Fees required under 37 CFR 1.16.
- b.  Fees required under 37 CFR 1.17.
- c.  Fees required under 37 CFR 1.18.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME | CARL B. WISCHHUSEN (Reg. No. 43, 279)

SIGNATURE | 

DATE | FEBRUARY 3, 2004